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F01 F1 2009			Examiner Name		C. O. Sherr						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3621						
TOTAL AMOUNT OF PAYMENT	(\$) 810.00		Attorney Docket	No.	0465-1990PUS1						
METHOD OF PAYMENT (c	heck all that apply)										
Check Credit Card	Money Order	Nor	e Other (	please identi	fy):						
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AN	ND EXAMINATION FE	ES									
	FILING FEES	SEA	RCH FEES	EXAMIN	NATION FEES						
Application Type F	Small Entity ee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)				
Utility	330 165	540	270	220	110						
Design	220 110	100	50	140	70						
Plant	220 110	330	165	170	85						
Reissue	330 165	540	270	650	325						
Provisional	220 110	0	0	0	0						
2. EXCESS CLAIM FEES							Small Entity				
Fee Description	?=:====\					Fee (\$) 52	Fee (\$)				
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							26				
Multiple dependent claims	(merading iverssues)					220 390	110 195				
Total Claims Extra C	laims Fee (\$)	Fe	e Paid (\$)	M	ultiple Depende						
	x =					ee Paid (	-				
HP = highest number of total claims pa	aid for, if greater than 20.						<u> </u>				
Indep. Claims Extra C	laims Fee (\$)	Fe	e Paid (\$)								
- or HP =	x =										
HP = highest number of independent of	claims paid for, if greater tha	n 3.									
3. APPLICATION SIZE FEE If the specification and drawin listings under 37 CFR 1.52( sheets or fraction thereof. S	(e)), the application siz	e fee due	is \$270 (\$135 f	onically fil or small er	ed sequence or active) for each ac	computer Iditional 50	0				
Total Sheets Extra S			Iditional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee	Paid (\$)				
- 100 =	/50 =		(round <b>up</b> to a who	le number)	x =	=					
4. OTHER FEE(S)	Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00											
Other (e.g., late filing surcha	rge): 1801 Request	tor conti	nued examinat	ion (RCE	) (see 37	81	10.00				
SUBMITTED BY					· · · · · · · · · · · · · · · · · · ·						

SUBMITTED BY					***************************************	
Signature	with &	Clos	Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205-8000
Name (Print/Type)	Esther H. Chong				Date	August 5, 2009